

GOLF TEAM REGISTRATION FORM

PLAYER NAME: _____

HANDICAP: _____

PHONE: _____

EMAIL: _____

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PHONE: _____

EMAIL: _____

PLAYER NAME: _____

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EMAIL: _____

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HANDICAP: _____

PHONE: _____

EMAIL: _____

CHECK(S) PAYABLE TO:

THE ROTARY CLUB OF WEST RALEIGH GOLF CLASSIC

MAIL COMPLETED REGISTRATION FORM & CHECK(S) BY
JUNE 9TH TO: OR EMAIL BOB RAMSEUR:
RAMS6565@BELLSOUTH.NET

THE ROTARY CLUB OF WEST RALEIGH
P.O. Box 12111
RALEIGH, NC 27605

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